



Massachusetts Board of Registration in Nursing Board News...

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The mission of the Board of Registration in Nursing is to *lead* in the protection of the *health, safety and welfare* of the citizens of the Commonwealth through the fair and consistent application of the statutes & regulations governing nursing practice & nursing education

Board Members

Diane Hanley, RN
Chair

Sheila Kaiser, RN/NA
Vice-Chair

Janet Sweeney Rico,
RN/NP

Parliamentarian
Laurie Hartigan, LPN
Donna Lampman, RN

Ann Montminy, RN
Salvador Porras,
Consumer

Paulette Remijan,
RN/NP

Maura Flynn LPN, RN
Mary Jean Roy, RN
David Seaver, R.Ph, JD
Philip Waithe, RN

What's New...

The Board holds its annual elections for officers - At their regularly scheduled Board meeting on June 14, 2006, and in compliance with its own policies, the Board held its annual elections for chair, vice-chair and parliamentarian. Winning re-election as chair is Diane Hanley; be sure to read Diane's byline below. Also re-elected was Sheila Kaiser as Vice-Chair, and Janet Sweeney Rico was elected as Board Parliamentarian. Congratulations to all.

Public comments are received - On May 22, 2006, the Board held a public hearing on the promulgation of revisions to its regulations at 244 CMR 7.05(6) and 8.00. Held at the Mack Conference Room, McCormack Building, 1 Ashburton Place, Boston, the Board received written comments for consideration. The revisions will be promulgated and when published become the current version of the regulations. Publishing is scheduled for later this calendar year.

Educate the Educator is scheduled - The Board is pleased to announce that it will host an "Educate the Educator" seminar designed to review with nursing faculty from Massachusetts approved entry-level nursing education programs their role/functions as identified in the Board's regulations at 244 CMR 6.00. The goal of this seminar is to provide educators with updated regulatory information, a comprehensive tool and modules to help them prepare their students for licensed nursing practice. Participants will receive a model curriculum about the Board and the regulation of nursing practice which they can use in their program of instruction. The Board's policy, education and practice staff will be presenting and available to answer questions. This program will be held on Friday October 6, 2006 at the University of Massachusetts/Worcester Graduate School. Mark your calendar and register to attend.

National Council of State Boards of Nursing launches Practice Analysis - Designed to describe entry-level licensed practical nurse practice, the survey is developed by a panel of experts that included both practicing LPNs from a variety of practice settings and specialty areas as well as LPN educators. A sample of newly licensed LPNs will be asked to determine the frequency of performing and the importance of each of the activities listed in the survey. The results will be used to evaluate the current LPN test plan in an effort to assure that the NCLEX-PN® examination reflects existing practice. This study offers an opportunity for LPNs to contribute to the nursing profession and as such, the Board encourages nurses receiving the survey to complete and return it to

NCSBN as soon as possible.

The 244 CMR 4.00 Task Force begins preparing it's report on Advanced Practice

On September 14, 2005, the Board authorized a task force comprised of representatives from multiple nursing and healthcare shareholders who would (1) Provide recommendations that address the issues of educational preparation for authorization for practice as an Advanced Practiced Registered Nurse (APRN), (2) Competency and the Scope of the APRN, (3) Ages of the populations served by the APRN authorization, (4) Inclusion/Exclusion and/or the possible regulation of the Clinical Nurse Specialist (non-psychiatric mental health) as an APRN, and (5) Physician Supervision and Practice/Prescriptive Guidelines. The Board requested that a final report be submitted on or about August 2006. Facilitated by Gino Chisari, Nursing Practice Coordinator who has administrative oversight of Advanced Practice for the Board, the Task Force met several times over the past eleven months. The task force members are collectively developing evidenced-based recommendations on the five topic areas listed above and will be presenting their final report to the Board in late summer or early fall.

Work in the Accountability Project continues - Several members of the Board's staff continue to be actively involved in the Massachusetts Coalition for the Prevention of Medical Errors (Coalition) work group, [The Accountability Project: Defining Accountability in Patient Safety](#). The membership of the Massachusetts Coalition for the Prevention of Medical Errors see the need to create a shared understanding in healthcare of the accountability of the individual health care professional and the responsibility of the system of care.

The purpose of this project is to permit health care leaders to effectively raise, discuss, and create resolutions regarding their shared goal of enhancing patient safety towards the ultimate goal of preventing medical errors. Be sure to visit the Coalition website at <http://www.macoalition.org> for complete information and to stay on top of the many initiatives designed to increase patient safety in your nursing practice.

Board Member Profiles

Board Members

Donna Lampman, MSN, RN

Appointed in December 2003, Donna holds the Licensed Practical Nurse Educator seat on the Board. Currently, Donna serves as Department Chair and Professor of the Practical Nursing program at North Shore Community College in Danvers. Having a personal value to proactively maintain the high standards of professionalism in nursing that ultimately benefits the citizens of the Commonwealth, Donna recently stated, "My participation on the Board enables me to make meaningful contributions to the advancement of nursing education and the quality of nursing overall...what all citizens in Massachusetts deserve."

Mary Jean Roy, MS. MEd, RN

Well known in the nursing education community, Jean was appointed to the Board by Governor Romney in January 2005 to the Diploma Educator seat. Jean said of her appointment, "As a member of the Board, I feel that I can contribute to public safety through the regulation of education, and in this role share my vast experience." Currently the Academic Administrator for the Brockton Hospital School of Nursing, Jean believes that, "There are many nurses in practice who began their education at the diploma level and I feel it's my duty to represent that perspective during Board deliberations."

Ann Montminy, MS, RN

Well known for her commitment to public service, Ann was appointed to the Board in 2000 by former Governor Cellucci. Ann is the current Dean of Health Careers at Middlesex Community College (MCC). With over thirty-years in nursing education at the associate degree and practical nurse levels, Ann is responsible for overseeing all aspects of the health career programs at MCC, which includes nursing, dental programs, diagnostic medical sonography, radiologic technology, medical assisting, emergency medical technicians and fire science. Ann served as Board chair from 2003 through 2005, is a member of the board of trustees for D'Youville Senior Care in Lowell, National League for Nursing, and the Massachusetts/Rhode Island League for Nursing.

From the Board Chair**Diane Hanley, RN, MS - Chair, Board of Registration in Nursing**

I'd like to start by thanking my fellow Board members for their overwhelming vote of confidence by re-electing me as chairperson of the Board, and to the staff for their endless amount of support as I continue to ascend over a very steep learning curve. Although it can be a difficult role, it is one that I am honored to serve in and look forward to continuing in over the next year. July 1 marks the beginning of our new fiscal year and as we look forward with new hopes for a better healthcare experience for all people in the state, it is important that we evaluate the past year. In doing so I would like to share with you just a small sample of the Board's successes over the past twelve months.

1. As most of you know by now we rolled out a new website and the reports that we've received to date indicate that the site is in fact more "user friendly". We understand that there is a great deal of information on the web page and improvements can always be made so please feel free to communicate your suggestions to the Board staff. I've come to learn that a website is always a work in progress and ours is no exception.
2. This is the third edition of the Board's quarterly newsletter and it's proving to be a big success in the Board's ability to communicate with the nursing community in a timelier manner. As a reminder to all who are reading this, please remember to share a hardcopy of this newsletter with our colleagues who still don't have internet access, as well as use it in your workplace or classroom to stimulate discussion, ideas or as a

regular part of your staff meeting agenda.

3. We are pleased to report that we continue moving the Board's mission forward partly through our commitment to collaborate with many shareholder groups. In particular is the Board's collaboration with the Board of Higher Education in three initiatives designed to increase the nurse-workforce in Massachusetts. Also, we're proud of our ongoing efforts with the Massachusetts Extended Care Federation in developing strategies to recruit and retain Long Term Care staff, the Massachusetts Coalition for the Prevention of Medical Errors in developing, implementing and promoting patient safety activities, research and knowledge, and many other state-wide initiatives to increase the quality of nursing care in the Commonwealth.
4. All of our efforts in responding to, and resolving complaints mainly through more efficient use of the resources available to us continue to make the process a more expedient one.
5. And last but certainly not least, the Board is appreciative for the daily commitment towards regulatory excellent achieved by the Board staff. They are truly one of the most valuable assets to the Board's functions. I encourage you to use the link *Contact Us* or *Email the Board* at www.mass.gov/dph/boards/rn when seeking specific information, asking a question or to communicate with the Board members. Remember too, attending a Board meeting is a great way to witness the business of the Board first hand so, please consider yourself warmly invited to attend.

I know fiscal year 2007 will be as busy as the last but together we will rise to the challenges and achieve another successful year in service to the citizens of Massachusetts.

From the Board Executive Director

Rula Harb, MS, RN - Executive Director

Recently I put into my internet browser the term, "patient safety" and in 0.02 seconds (according to the search engine) I got 9,930,499 hits! True, many of the sites are duplicates or subsections of the same sites, but even allowing for that I think it is remarkable that there are scores of people and groups addressing this issue. Remarkable because although patient safety has always been the nurse's responsibility and the core of the Board's mission for nearly 100 years, it is reassuring to me that the discussion is as large as it is and continues to grow.

One of my current responsibilities as Executive Director is that I was elected to serve on the Board of Directors for the Massachusetts Coalition for the Prevention of Medical Errors (Coalition). The Coalition is a collaborative of several Massachusetts organizations and was established in 1998 to develop and promote a campaign to improve patient safety and reduce medical errors. The goals of the Coalition are to disseminate knowledge and information about the causes of healthcare errors or sentinel events and to develop strategies for preventing them across different settings. The Coalition is achieving many of

their goals by making this information available to all healthcare professionals and healthcare institutions for incorporation into their own quality improvement programs. These initiatives are designed to strengthen the public's trust and confidence in the healthcare delivery system by increasing awareness of error prevention strategies through public and professional education.

I'm pleased to share with you information that is "hot off the press". It is the March 2006 publication, [When Things Go Wrong: Responding to Adverse Events, A Consensus Statement of the Harvard Hospitals](#). The document was prepared by physicians, nurses, risk managers, and patients from the Harvard teaching hospitals, the document attempts to summarize the current thinking about the best practices to follow when a patient suffers injury from medical treatment. Its objectives are to provide a deeper understanding of the issues involved helping hospitals and caregivers develop more effective policies for managing patients and caregivers following injury. The concepts and principles are supported by the Harvard teaching hospitals.

Published on the Massachusetts Coalition for the Prevention of Medical Errors website with permission at: <http://www.macoalition.org> I encourage you to visit the website and learn more about how you can become a more involved patient safety crusader. Increasing safety and striving to eliminate or minimize patient error is a job we must all be better at doing - join the cause. By working together we can be sure that as nurses we are doing all we can to provide the safest and best nursing care to our patients.

From the Nursing Education Coordinator

Judith Pelletier, RN, MSN - Nursing Education Coordinator

Do Your Homework before Going Back to Nursing School

Doing your homework before selecting a program for continuing your nursing education may save you money, time, and heartache. Whether you are seeking initial education in nursing, progression to another level of licensure (for example, LPN to RN), or additional degrees for advanced practice, you have become a target for companies wanting to make a fast, easy buck. Stop and proceed with caution, although the majority of nursing programs maintain the highest educational standards, we are aware of others who do not.

New education programs are springing up rapidly via the Internet, blurring state, national, and international boundaries. Publishing companies are representing themselves as nursing programs. They contract with students for "study materials," and the students pay them in addition to paying all the tuition and fees associated with the nursing program that the company is featuring. Promotional material for the programs identifies their multiple accreditations. Many of the "accreditors" require only an application and a payment.

To ensure that a nursing education program is going to meet your continuing education goals legitimately, you should ask the following questions:

Is the nursing program accredited by a nursing organization recognized by the

U.S. Department of Education or the Council of Higher Education Accreditation?

Is the institution in which the nursing program is offered accredited by an accrediting body recognized by the U.S. Department of Education or the Council of Higher Education Accreditation?

For a program leading to entry-level Practical Nurse and Registered Nurse licensure, is it approved by the Board of Nursing in the state where the program resides?

Massachusetts Board of Registration in Nursing regulations require applicants for initial nurse licensure by examination or by reciprocity provide proof satisfactory to the Board of graduation from an approved nursing education program.

For help in evaluating programs, visit the following websites:

Massachusetts programs approved for initial licensure or which may be operating without Board approval: <http://www.mass.gov/dph/boards/rn>; click on "Nursing Education", then "Approved Registered Nurse and Practical Nurse Programs" and "Illegal Nursing Programs".

National Council of State Boards of Nursing: <http://ncsbn.org/>

The U.S. Department of Education: <http://ope.ed.gov/accreditation/Search.asp>

The Council on Higher Education Accreditation:
<http://www.chea.org/Directories/index.asp>

*(Adapted with permission of Barbara Knopp, RN, MSN Education Consultant
North Carolina Board of Nursing.)*

From the Nursing Practice Coordinator

Gino Chisari, RN, MSN - Nursing Practice Coordinator

At their April 12, 2006 meeting, the Board members reviewed and approved a revision to the Advisory Ruling on Nursing Practice (Ruling) related to Microdermabrasion that had been originally authorized on September 13, 2000. The action taken at the April 2006 meeting expands the Ruling to include chemical peels, the administration of absorbable fillers and sclerotherapy. It also encompasses the administration of Botox ® which was recognized in November 2002 as an acceptable medication for administration by a nurse who has the proper orders from a duly authorized prescriber. In addition to the required prescriber orders, the nurse is expected to be competent in the his/her knowledge, skills and abilities related to these procedures as well as in compliance with the other provisions covered in this Ruling. The revised Ruling is now called; Advisory Ruling on Nursing Practice related to Medical Aesthetic Procedures and can be viewed on the Advisory Rulings on Nursing Practice link under the Nursing Practice portal at: www.mass.gov/dph/boards/rn for detailed and specific provisions related to this activity. The Board expects all nurses to be knowledgeable about, and in compliance with all statutes, regulations and Advisory Rulings on Nursing Practice governing nursing practice and education.

From the SARP Coordinator

Doug McLellan, RN, M.Ed

Tim McCarthy, LMHC, LADC-1

The Substance Abuse Rehabilitation Program (SARP) is a legislatively mandated alternative to discipline for nurses who acknowledge that they need help with a substance abuse problem. Of the many criteria a nurse must meet in order to remain in SARP one of the most important is objective data demonstrating that the nurse is abstinent and not relapsing and that the rehabilitation plan is working to help the nurse remain in sustained recovery and rehabilitation.

The cornerstone of abstinence monitoring is random supervised urine screening. Like all diversion/monitoring programs across the country, SARP relies heavily on urine toxicology screening analysis as a tool to assure the nurse-participant is in compliance with the abstinence requirement of his/her SARP contract. Urine drug screens are the only objective measurement of this. All other methods, including routine therapy and professional support meeting attendance, are important tools but are subject to interpretation of the observer and self-report of the nurse-participant.

The SARP program contracts with a national toxicology testing company to ensure that each drug screen result is valid and not manipulated in any way by excessive hydration or masking agents. It is true that the overwhelming majority of participants are committed to their recovery, but relapse is a part of the disease of substance abuse and a small percentage of participants will relapse despite ongoing efforts towards full recovery.

Because the Board's legislative mandate is public safety, the SARP coordinators examine any and every urine screen result that is reported as atypical. Dilution is the most common reason for an abnormal result. Repeated lower than normal levels of creatinine and specific gravity in the test result indicate either a potentially serious physical condition or a pattern of over-hydration prior to testing. SARP follows the current federal guidelines on diluted samples and drug screening guidelines; for more information please visit:

<http://dwp.samhsa.gov/DrugTesting/DTesting.aspx>. Click on Division of Workplace Programs-Federal Agencies and Employees-HHS Mandatory Guidelines; and follow the prompts. It's located in Section 2.4/h/6

Assessing that SARP participants remain abstinent from substance use through random drug screening is critical and prevents nurses from placing patients, colleagues and themselves at risk of harm.

From the Licensure Coordinator

Michael Bearse - Administrative Assistant Supervisor

This time of year is both busy and wonderful because it is the time of year that we see a spike in the number of initial licensure applications by exam. That means graduations are almost over, NCLEX dates have been secured and the newly graduated students are preparing to join the profession. Along with the

spike in these activities is a spike in the frequency of the same questions that the administrative staff receives about renewing the newly issued license. To provide you with some understanding of your obligations regarding license renewal please note the following for newly licensed Registered Nurses:

Massachusetts General Law Chapter 112, section 74

Every person registered hereunder who continues to hold himself out as a registered nurse shall, on or before his birthday in each even-numbered year, renew his registration for the ensuing two year period by payment of a fee as determined by the aforementioned provision to the board, and thereupon, the board shall issue a certificate showing that the holder thereof, is entitled to practice as a registered nurse for the period covered by said payment; provided, **however, that if a birthday of any person who shall be registered hereunder shall occur within three months after such original registration, such person need not renew his registration until his birthday in the even-numbered year next following the birthday aforesaid;** provided, further, that every person seeking renewal of registration hereunder shall provide evidence of such continuing education as the board shall require by regulation unless the board accepts the training and experience of any such person in lieu of said continuing education requirement.

For the newly licensed Licensed Practical Nurses:

Massachusetts General Law Chapter 112, section 74A

Every person licensed hereunder who continues to hold himself out as a licensed practical nurse shall, on or before his birthday in each odd numbered year, renew his license for the ensuing two-year period by payment of a fee as determined under the aforementioned provision to the board, and thereupon the board shall issue a certificate showing that the holder is entitled to practice as a licensed practical nurse for the period covered by said payment; provided, **however, that if a birthday of any person who shall be licensed hereunder shall occur within three months after such original licensing, such person need not renew his license until the birthday in the odd-numbered year next following the birthday aforesaid;** provided, further, that every person seeking renewal or licensing hereunder shall provide evidence of such continuing education as the board shall require by regulation.

This means that if your birthday is more than three months after you receive your original license you will need to renew in that year. You would not need the 15 contact hours of continuing education but you will be required to renew your license.

From NCSBN

The Board congratulates the following nurses who recently represented Massachusetts at the National Council Licensure Examination (NCLEX ®) Item Development program; Sharon Pease, Janet Lusk, and Karen Anne. The Board also congratulates Anthony Ayag who will be representing Massachusetts at an upcoming NCLEX-RN ® item review panel.

Nancy Spector, D.N.Sc., R.N., Director of Education, National Council of State Boards of Nursing (NCSBN), presented the findings of NCSBN's recent study ("elements study") of new nurses and the basic nursing education programs from which they graduated at the Creativity and Connections: Building the Framework for the Future of Nursing Education and Practice invitational conference held on March 23, 2006 in Worcester.

The purpose of the study was to identify the relationship between how nurses perceived their academic preparation for entry-level practice during the first 12 months of licensure and particular characteristics of the nursing education programs from which they graduated including the curriculum, didactic and clinical learning experiences, and faculty preparation and interaction with students.

Dr. Spector presented a brief overview of NCSBN's research initiatives since 2001 noting that Member Boards and state legislatures have identified the need to employ evidence-based regulatory standards in the approval of basic nursing education programs. Dr. Spector also noted that the Institute of Medicine, in its 2003 report, Health Professions Education: A Bridge to Quality recommended the development of evidenced-based curricula and teaching approaches. NCSBN studies on the practice of new nurses, their transition to practice and employers' perceptions were cited by Dr. Spector as contributing to the data base of nursing education outcomes that can be used to guide decision-making.

The study consisted of a two-tiered survey process for collecting and merging data. Separate surveys were constructed for mailing to U.S. nursing education programs and new nurses during the first 12 months of practice. In Round 1, 1,250 nursing education programs were surveyed. A return rate of 51% was achieved. In Round 2, 21,000 graduates of the selected programs were surveyed. A return rate of 45% was achieved. Data from the programs and the graduates were matched using unique identification codes. After excluding cases with invalid addresses and programs with fewer than 5 respondent graduates, 410 nursing education programs participated in Round 1, responding to questions related to the program's curriculum, faculty, didactic and clinical learning experiences.

In Round 2, a total of 7,497 new nurses responded to questions related to how they perceived their academic preparation for clinical practice and their comfort in performing client care assignments as well as demographics. In responding, new nurse participants were asked to think about the client care they provided on the previous day.

The results support the importance of the Institute of Medicine (IOM) competencies, which include provide patient-centered care, apply quality improvement, work in interdisciplinary teams, utilize informatics, and employ evidence-based practice. This study provides some evidence for nurse educators to consider teaching pediatrics, women's health, psychiatric/mental health, critical care, and medical/surgical nursing care as independent courses. Likewise, it provides evidence for teaching pathophysiology, critical thinking, use of information technology, and evidence-based practice throughout the

program.

Further, students reported being better prepared when they had contact with their faculty and when programs had a higher percentage of faculty who taught didactic and clinical courses. Likewise, students reported being better prepared when their programs taught use of evidence-based practice and use of information technology.

Question of the Month

Q: *I work on a busy unit and recently was told that one of my new functions would be to reconcile medications, what does this mean to my license since I've been told by some of the people at work that it is outside my scope of practice to reconcile medications.*

A: Reconciling medications is a patient safety initiative designed as a strategy to reduce medication errors at patient transition points. It involves several members of the healthcare team working together to prevent inadvertent omission of needed medications, failure to restart home medications, as well as errors associated with orders with incorrect doses or dosage forms. The Board as a public protection agency supports any initiative that reduces potential for patient harm.

The Board has determined that the licensed nurse can be identified by the employer as a member of the reconciling team, and when so, is acting within his/her legal scope of practice as evidenced by Board regulation at 244 CMR 3.01 and 3.02 (3) (f). The legal scope of nursing practice related to reconciling medications includes, assessing medication histories, verifying the data, identifying deviations, and collaborating, communicating and cooperating with members of a healthcare team to develop and implement a plan of care that includes a compilation of the patient's medications. This is the accepted standard of nursing practice as defined by the Board's regulation at 244 CMR 9.03(5): Adherence to Standards of Nursing Practice.

Participating in reconciling efforts does not mean that the nurse can or is prescribing medications, nor does it mean that the nurse is authorized to sign orders. It does mean that the nurse within the context of his/her professional role has the authority to participate in patient safety initiatives and assure that a patient is receiving the correct medications. Only a duly authorized prescriber has the legal authority to issue orders for medications.

For more information of this initiative visit the Massachusetts Coalition for the Prevention of Medical Errors at: www.macoalition.org

Important Information

- Board Meeting dates for Fiscal Year 2007:

2006

July 12

August 9

2007

January 10

February 14

September 13

March 14

October 11

April 11

November 8

May 9

December 13

June 13

- Next Newsletter publish date is October 2006.

